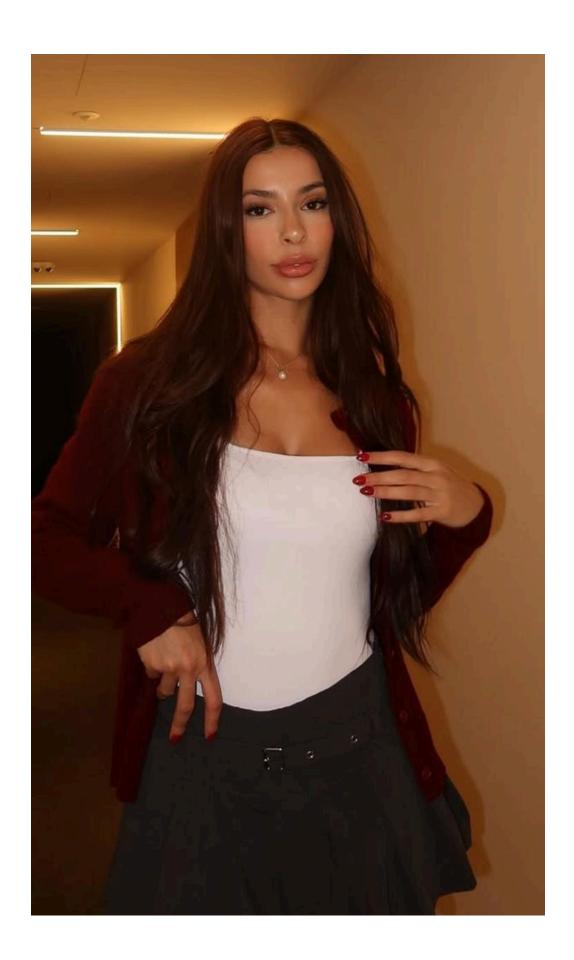


Donor Code: CDV010



Eye Color	Hair Color	Height
Brown	Brown	172 CM/ 52 KG
Ethnicity	Blood Type	Education
Half spanish, Half moroccan	0	College Graduate
Donor Location	Willing to Travel Out of State?	Date of Birth
Spain		1997



Basic Information

Date of Birth	<u>29/03/1997</u>
Height	<u>1,72 m</u>
Weight	52 kg
Hair Color	Brown
Eye Color	Brown
Ethnic Origin	Half spanish, half moroccan
Maternal Heritage	Moroccan
Paternal Heritage	<u>Spanish</u>
Blood Type	<u>0-</u>
Visa	□ Yes □No

Education and Background

Highest Level of education	(ADE) Business administration and management
College Major	International Business
What was your college GPA?	8
What college(s) or university(ies) have you attended?	IES Juan de la Cierva Universidad Complutense de Madrid
Do you have any artistic abilities? Please List:	
Do you have any athletic abilities?	Yes, athletism
What is your current occupation?	Real state

Please describe your personality:	kind, polite, funny
Do you wear or have you worn eyeglasses? If yes, at what age did you start wearing them?	no
Have you worn braces?	no

Questions:

- Why do you want to become a donor?
 I would love to help another woman to make true her wish of being mother.
- For Egg Donor: Being a donor is a big responsibility. It requires going to several doctor's appointments, taking injections and having minor out-patient surgery. Do you feel prepared to commit to this process? Yes.
- Are you open to being matched with all types of families regardless of sexual preference, marital status, ethnicity or sex of the egg recipient? Yes.
- If they request it, are you willing to meet your intended parents? Yes
- Are you open to meeting the child in the future if that is requested? Yes
- Are you open to exchanging future contact information with your intended Parents(s)?
 Yes
- Where did you grow up?Spain
- Do you have any siblings? If so, tell us about each of them: No
- Do you have any children? If so, tell us about each of them: No

Personal Health History

- Any past or current medical problems (including surgeries, accidents, birth defects, depression, etc.)? If yes, please list:

No.

- Do you drink alcohol? If yes, how many drinks per week?

1 or nothing

- Have you ever been a donor before? If yes, did a pregnancy occur? Yes
- Are you currently taking any medication (for physical or mental health)? If yes, what medications are you on and why? No
- Are you taking any recreational drugs? If yes, what are you taking?No
- Do you smoke? No

Egg Donor Please answer:

- Have you ever been pregnant? If yes, how many times and what was the outcome?
 No
- Are your menstrual cycles regular? Yes

Family Medical History

Biologica I Family Member	Sex	Age	Heigh t	Eye Color	Hair Color	Educatio n Level	Decease d	Occupatio n
Father		63	1,75m	Blue	Blond e	Superior degrees		
Mother		51	1,72m	Brow n	Brow n	High school		
Paternal Grandmothe r								
Paternal Grandfather								
Maternal Grandmothe r								
Maternal Grandfather								
Sibling	Fe mal	20	1,73m	Brow n	Blond e	High school		
Sibling	Fe mal	13	1,70	Brow n	Blond e	High school		
Sibling								

Disease/Medical Condition	Check one	To Whom	Passed away?		Age of onset/ Medication	Age at the time of passing
Cancer	No		Yes	No •		
Mental Retardation	No		Yes	No•		
Autism / Asperger's	No		Yes	No•		
Physical Malformation	No		Yes	No•		
Paralysis or crippling disorders	No		Yes	No•		
Alcohol or Drug Addiction	No		Yes	No•		
Cystic Fibrosis	No		Yes	No•		
Sickle Cell Anemia	No		Yes	No•		
Lupus	No		Yes	No•		
Miscarriages, still births, neonatal deaths	No		Yes	No•		
High blood pressure, heart attacks or strokes	No		Yes	No•		
Memory loss or dementia	No		Yes	No		
Osteoporosis	No		Yes	No		

Disease/Medical Condition	Check one	To Whom	Pas: awa		Age of onset/ Medication	Age at the time of passing
Arthritis	No		Yes	No		
Allergies	No		Yes	No		
Blood diseases	No		Yes	No		
Diabetes (Specifically Type 1 or Type 2)	No		Yes	No		
Thyroid issues	No		Yes	No		
Learning disabilities	No		Yes	No		
Seizure or epilepsy	No		Yes	No		
Depression	No		Yes	No		
Panic attacks	No		Yes	No		
Schizophrenia	No		Yes	No		
Bipolar Disorder	No		Yes	No		
ADD or ADHD	No		Yes	No		
Age-related issues	No		Yes	No		
Kidney problems / diseases	No		Yes	No		
Reproductive problems: i.e. endometriosis, hysterectomies, late-term miscarriages, etc.	No		Yes	No		
Vision/Sight/Eye Problems	No		Yes	No•		



